



2007

Introduction to

# **PEBB Retiree Coverage**

## Contact the Plans

If you want additional information about PEBB coverage or to update your account, call a benefits specialist toll-free at 1-800-200-1004, Monday through Friday, 8 a.m. to 5 p.m., or visit our Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

<b>Medical Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Community Health Plan Classic</b>	<a href="http://www.chpw.org">www.chpw.org</a>	206-521-8830 or 1-800-440-1561	1-800-833-6388
<b>Group Health Classic and Value</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
<b>Kaiser Permanente Classic and Value</b>	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	Portland 503-813-2000 or 1-800-813-2000	1-800-735-2900
<b>Regence Classic</b>	<a href="http://www.wa.regence.com/pebb">www.wa.regence.com/pebb</a>	1-800-376-7926	253-573-3464
<b>Uniform Medical Plan</b>	<a href="http://www.ump.hca.wa.gov">www.ump.hca.wa.gov</a>	425-686-1350 or 1-800-352-3968	1-888-923-5622 or 360-923-2701

<b>Medicare Supplement Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Medicare Supplement Plan E or Plan J, administered by Premera Blue Cross</b>	<a href="http://www.premera.com">www.premera.com</a>	1-800-817-3049	1-800-842-5357

### Contact HCA for help with:

- Eligibility questions
- Eligibility changes (Medicare, student, divorce, etc.)
- Account updates (address, phone, etc.)
- Eligibility complaints/appeals
- Payment information

### Contact the plans for help with:

- Specific benefit questions
- Choosing a doctor
- To verify if your doctor or other provider is contracted with the plan
- Drug formulary
- I.D. cards
- Claims

<b>Medicare Advantage Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Group Health Classic and Value</b>	www.ghc.org	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
<b>Kaiser Permanente Senior Advantage Classic and Value</b>	www.kaiserpermanente.org	Portland 503-813-2000 or 1-800-813-2000	1-800-735-2900
<b>Secure Horizons Classic and Value</b>	www.securehorizons.com	1-800-647-7328	1-800-387-1074

<b>Dental Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>
<b>DeltaCare, administered by Washington Dental Service</b>	www.deltadentalwa.com/pebb.htm	1-800-650-1583
<b>Regence BlueShield Columbia Dental Plan</b>	www.wa.regence.com/pebb	1-800-376-7926
<b>Uniform Dental Plan</b>	www.deltadentalwa.com/pebb.htm	1-800-537-3406

**Mail personal payments to:**

Health Care Authority  
P.O. Box 42695  
Olympia, WA 98504-2695

**For automatic bank account withdrawals:**

*An Electronic Debit Service Form must be completed and mailed to:*

Health Care Authority  
P.O. Box 42695  
Olympia, WA 98504-2695

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.



## Table of Contents

Welcome to the Public Employees Benefits Board (PEBB) Program .....	1
How Do I Enroll? .....	1
Questions and Answers .....	2
Eligibility Summary .....	3
Enrollment .....	4
Plans Available by County .....	7
How the Medical Plans Work .....	15
Options for Medicare and Non-Medicare Retirees..	15
Additional Options for Medicare Retirees Only.....	16
Coordination of Benefits.....	17
2007 Medical Benefits Cost Comparison.....	19
How the Dental Plans Work.....	28
Is a Managed-Care Dental Plan Right for You? .....	29
Dental Benefits Comparison .....	30
Life and Long-Term Care Insurance .....	31
Appendix .....	33
PEBB Retiree Monthly Rates.....	34
Outline of Medicare Supplement Coverage .....	37
Medicare Advantage Plan Benefits Comparison ....	48

Health plan comparisons in this document are based on information believed accurate and current, but be sure to confirm information before making decisions.

### Public Employees Benefits Board Members

**Steve Hill, Chair**  
HCA Administrator

**Greg Devereux**  
State Employees  
Representative

**Penny Palmer, M.D.**  
Benefits Management/  
Cost Containment

**Robert Porterfield**  
State Retirees  
Representative

**Lee Ann Prielipp**  
K-12 Retirees  
Representative

**Eva Santos**  
Benefits Management/  
Cost Containment

**Christine Sargo\***  
K-12 Representative

**Margaret Stanley**  
Benefits Management/  
Cost Containment

**Yvonne Tate\***  
Benefits Management/  
Cost Containment

\*Non-voting member



# Welcome to the Public Employees Benefits Board (PEBB) Program!

Eligible retiring public employees have access to comprehensive health insurance coverage sponsored by the PEBB. As an eligible retiring employee, you should **evaluate your PEBB health insurance options** *before or at retirement*. You have a **one-time opportunity** to enroll, so please review what the PEBB program offers and the specific eligibility requirements.

The PEBB program offers a comprehensive health care package that provides choice,

access, value, and stability. The Washington State Health Care Authority (HCA) administers the PEBB program.

Take a look at the enclosed eligibility information, benefit summary, health plan service areas, and monthly premiums. If you have additional questions, please call 360-412-4200 or 1-800-200-1004. You can also find more information online at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

We look forward to serving your health care needs.

---

## How Do I Enroll?

**If you don't enroll in or defer PEBB coverage within 60 days after your active employee or continuous COBRA coverage ends, you will not have another chance to enroll.**

If you cancel your PEBB retiree coverage, you **cannot** enroll later, except as outlined in "Deferring Coverage" on page 4.

**About 90 days before you retire:** Contact the Social Security Administration to enroll in Medicare Part A and Part B if you or any eligible family members you wish to cover are entitled.

**About 60 days before you retire:** Complete the card provided in your pension packet, and return it to the PEBB. The PEBB will send you a complete retiree insurance packet (including applications and the information you need).

**Within 60 days after your active employee or continuous Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage ends:**

Return your completed retiree enrollment form(s) and/or any dependent certification forms to the HCA.

### How Much Does It Cost?

You can find a rate sheet in the Appendix. These rates may change. Generally, rates change every year on January 1 after the PEBB negotiates new contracts with the health plans.

### Payment Options

- Deduct from your pension.
- Personal check or money order.
- Automatic bank account withdrawals.
- Volunteer Employee Benefit Association (VEBA) account (VEBA cannot pay for life insurance premiums).

# Questions and Answers

## 1. What types of PEBB health coverage are available to me as a retiree?

You may either enroll in medical/dental coverage **or** medical coverage only. Dental-only coverage is **not** available.

If you had PEBB life insurance as an employee, you may also choose to enroll in PEBB retiree term life insurance. You do not need to have medical coverage to enroll in this benefit.

Your PEBB benefits will continue as long as you enroll within 60 days after your employer-sponsored or continuous COBRA coverage ends. You must also pay your retiree premiums in full and on time. If you enroll in COBRA to “bridge” your employee and retiree coverage, you cannot enroll in retiree life insurance.

## 2. How do I know if my provider or hospital belongs to a plan?

Call the plan directly. Medical and dental plan phone numbers are listed at the front of this booklet. When you call the plan, be sure to mention you are a PEBB state of Washington retiree. Chances are that your provider or hospital participates in one or more of the PEBB plans.

You may also search for providers, hospitals, and pharmacies that contract with PEBB medical plans online at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov). If a provider is listed, please call the medical plan(s) to confirm his or her participation.

## 3. If my family and I want to see any doctor or health care provider without a primary care provider referral, which plan should I enroll in?

The Uniform Medical Plan (UMP) allows you to self-refer to any approved provider type.

## 4. If I travel outside Washington State and need to go to the doctor, am I still covered?

All of the PEBB plans cover urgent or emergency care if you travel outside Washington State. Coverage for other types of care received outside Washington State varies from plan to plan. Contact the plans for specific benefit information.

## 5. If I return to work, must I keep my PEBB retiree coverage?

No. If you return to work and are eligible for employer-sponsored benefits, you may defer your retiree coverage as soon as you are enrolled as an employee. (If you defer PEBB coverage

when your employer-sponsored coverage ends, you must re-enroll in PEBB retiree coverage within 60 days after the other coverage ends. **Please see “Deferring Coverage” on page 4 for more information.**

## 6. If I must enroll in Medicare Part A and Part B to have PEBB coverage, do I also have to enroll in Medicare Part D?

No. Enrollment in Part D is voluntary. However, if you enroll in Medicare Supplement Plan E or Plan J (which **does not** offer prescription-drug coverage as good as Part D), you may pay a higher premium if you choose to enroll in Part D later.

### Cancellation

If you cancel your PEBB retiree coverage, you cannot re-enroll unless you are covered as outlined under “Deferring Coverage.”



# Eligibility Summary

## Eligible Retirees

You're eligible to enroll in PEBB plans if you're a retiring or permanently disabled employee of a:

- State agency
- Public higher-education institution
- K-12 school district or educational service district
- PEBB employer group

### **If you retire after you are vested in one of the following Washington state-sponsored retirement systems:**

- Public Employees Retirement System (PERS) 1, 2, or 3
- Public Safety Employees Retirement System (PSERS)
- Teachers Retirement System (TRS) 1, 2, or 3
- Higher-education retirement plan (for example, TIAA CREF)
- School Employee Retirement System (SERS) 2 or 3
- Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) 1 or 2
- Washington State Patrol Retirement System (WSPRS) 1 or 2
- State Judges/Judicial Retirement System

### **Then you are eligible to continue PEBB-sponsored insurance coverage if you comply with these requirements:**

- You and your enrolled dependents enroll in Medicare Part A and Part B (if entitled).
- You must submit an enrollment form to enroll in or defer health coverage within 60 days after your employer-sponsored or continuous COBRA coverage ends.
- You must immediately upon termination receive a monthly retirement benefit, **or** take a lump-sum payment when your monthly benefit is less than the minimum amount determined by the Department of Retirement Systems (see exceptions below).

**Exceptions:** If you meet certain age and service requirements of your retirement plan, you may be eligible to continue PEBB-sponsored benefits when you retire even if you do not qualify to immediately receive a monthly retirement benefit.

- Employees retiring under PERS Plan 3, TRS Plan 3, or SERS Plan 3 qualify for continued coverage if they are at least age 55 with a minimum of 10 years of service.
- Employees retiring under a higher-education retirement plan (such as TIAA CREF) qualify if they are at least 55 with 10 years of service, or at least age 62.

## Eligible Dependents

As a retiree enrolled in a PEBB plan, you may cover the following dependents:

- Lawful spouse or qualified same-sex domestic partner.
- Children through age 19.
- Students ages 20 through 23.
- Disabled students (approved by the health plan).
- Extended (legal) dependents approved by the HCA.

# Enrollment

You must return your completed enrollment form to enroll in or defer (postpone) PEBB health coverage within 60 days after your active employee or continuous COBRA coverage ends. If you enroll, your coverage will begin the date your employee coverage ends if your first monthly premium is paid in full (unless you choose to pay through pension deduction).

Eligible retirees can enroll in PEBB coverage before enrolling in Medicare. In general, retirees are not entitled to Medicare until they reach age 65. However, some individuals may be entitled due to a disability. There are three parts to Medicare: Part A (helps pay for hospitalizations); Part B (helps pay for clinic and doctor visits); and Part D (helps pay for prescription drugs). Enrollment in Part D is voluntary (please see “How the Medical Plans Work” on page 16). **PEBB retirees and their dependents who are entitled to Medicare must enroll in both Part A and Part B to be eligible for PEBB benefits.**

## Deferring Coverage

You may defer (or postpone) your enrollment in PEBB retiree medical and dental coverage under the following circumstances:

1. If you were enrolled in a PEBB or Washington State K-12 school district-sponsored health plan as an employee or spouse of an employee before January 1, 2001.
2. If you are continually covered under another comprehensive, employer-sponsored medical plan as an active employee or the spouse or qualified same-sex domestic partner of an active employee since January 1, 2001.
3. If you are enrolled in coverage as a retiree or the spouse or same-sex domestic partner of a retiree in a federal retirement plan since January 1, 2001.
4. If you or your eligible dependents are continually covered under a Medicaid program that provides creditable coverage, you may defer enrollment in PEBB coverage while you have Medicaid coverage. Dependents who are not eligible for Medicaid may enroll in PEBB coverage.
5. Surviving dependents may defer enrollment in PEBB retiree coverage while enrolled in comprehensive coverage through an employer or covered under a Medicare program that provides creditable coverage, even if they were not enrolled

at the time of your death. Your dependents must send a written request to waive their coverage to us within 60 days after your death.

To defer medical and/or dental coverage in all instances, you must submit a *PEBB-Sponsored Retiree Coverage Election Form* to us stating that you wish to defer coverage, and the effective date of your deferral. You must send this form before you defer coverage, or, if you are just retiring, within 60 days of when you are eligible to apply for PEBB retiree benefits.

**Note:** If you defer enrollment in a PEBB retiree medical plan, you may not enroll in a PEBB dental plan. However, you may continue retiree term life coverage. You must select the term life coverage at retirement and continue to pay premiums while you defer your medical coverage.

## Enrolling After Deferring Coverage

If you deferred enrollment in PEBB coverage under options 1 or 2, you may enroll during an open enrollment period or within 60 days after the date the other coverage ends. To enroll, you must submit a *PEBB-Sponsored Retiree Coverage Election Form* and proof of continuous enrollment in other comprehensive, employer-sponsored coverage to PEBB.

If you deferred enrollment in PEBB coverage under option 3, you and your eligible dependents will have a one-time opportunity to enroll in PEBB medical and dental coverage. You will need to provide proof of continuous enrollment in a federal retiree medical plan and submit a *PEBB-Sponsored Retiree Coverage Election Form* to PEBB either during an open enrollment period or within 60 days after the other coverage ends.

If your surviving dependents waive coverage either while enrolled in a comprehensive, employer-sponsored medical coverage or in a federal retirement plan, they must submit a *PEBB-Sponsored Retiree Coverage Election Form* to enroll in PEBB coverage within 60 days after the other coverage ends. They must provide proof of continuous enrollment in either comprehensive, employer-sponsored medical coverage or a federal retirement medical plan before they can enroll in PEBB coverage.

### **Re-Enrolling After a Medicaid Deferment**

Retirees or surviving dependents who defer PEBB medical coverage while they are continually covered under a Medicaid program that provided creditable coverage may re-enroll in PEBB coverage if they lose their Medicaid coverage. To re-enroll in PEBB medical and dental coverage, you must submit a *PEBB-Sponsored Retiree Coverage Election Form* and proof of continuous enrollment in Medicaid coverage to us during any PEBB open enrollment period or within 60 days after your Medicaid coverage ends.

### **Duration of Coverage**

- PEBB coverage lasts indefinitely as long as you pay your premiums in full.
- Coverage for your dependents ends on the last day of the month when they cease to be eligible under PEBB rules.
- If you die, your surviving spouse's or qualified same-sex domestic partner's coverage can continue as long as premiums are paid. Other family members may continue coverage until they are no longer eligible under PEBB rules. To continue coverage, your spouse or qualified same-sex domestic partner must apply within 60 days of your death.
- Enrollment changes are allowed each year during open enrollment.



# Plans Available by County

## Washington

### Adams

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Asotin

- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Benton

- Community Health Plan Classic
- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Chelan

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Clallam

- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

### Clark

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

### Columbia

- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Cowlitz

- Community Health Plan Classic
- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

### Douglas

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

### Ferry

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

In most cases, you must live in the plan's service area to join the plan.  
Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

**Franklin**

- Community Health Plan Classic
- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Garfield**

- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Grant**

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Grays Harbor**

- Community Health Plan Classic
- Group Health Classic (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Classic (Medicare Advantage) (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Value (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Value (Medicare Advantage) (ZIP Codes 98541, 98557, 98559, and 98568)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**Island**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Jefferson**

- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**King**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

**Kitsap**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Kittitas**

- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Klickitat**

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Lewis**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Kaiser Permanente Classic (ZIP Codes 98591, 98593, and 98596)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 98591, 98593, and 98596)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 98591, 98593, and 98596)
- Kaiser Permanente Value (ZIP Codes 98591, 98593, and 98596)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

**Lincoln**

- Community Health Plan Classic
- Group Health Classic (ZIP Codes 99008, 99029, 99032, and 99122)
- Group Health Value (ZIP Codes 99008, 99029, 99032, and 99122)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Mason**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**Okanogan**

- Community Health Plan Classic
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Pacific**

- Community Health Plan Classic (ZIP Codes 98624, 98631, 98637, 98638, 98640, 98641, and 98644)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**Pend Oreille**

- Community Health Plan Classic
- Group Health Classic (ZIP Code 99009)
- Group Health Value (Zip code 99009)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Pierce**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

**In most cases, you must live in the plan's service area to join the plan.  
Be sure to call the plan(s) you're interested in to ask about provider availability in your county.**

**San Juan**

- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**Skagit**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

**Skamania**

- Community Health Plan Classic
- Kaiser Permanente Classic (ZIP Codes 98639 and 98648)
- Kaiser Permanente Value (ZIP Codes 98639 and 98648)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Snohomish**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

**Spokane**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Stevens**

- Community Health Plan Classic
- Group Health Classic (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Group Health Value (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

**Thurston**

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

**Wahkiakum**

- Kaiser Permanente Classic (ZIP Codes 98612 and 98647)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 98612 and 98647)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 98612 and 98647)
- Kaiser Permanente Value (ZIP Codes 98612 and 98647)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan



## Walla Walla

- Community Health Plan Classic
- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

## Whatcom

- Community Health Plan Classic
- Group Health Classic
- Group Health Classic (Medicare Advantage)
- Group Health Value
- Group Health Value (Medicare Advantage)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

## Whitman

- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

## Yakima

- Community Health Plan Classic
- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Regence Classic
- Uniform Medical Plan

## Oregon

### Benton

- Kaiser Permanente Classic (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- Kaiser Permanente Value (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Clackamas

- Kaiser Permanente Classic (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97049, 97055, 97067-68, 97070, 97222, 97267, and 97268)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97055, 97067-68, 97070, 97089, 97222, 97267, and 97268)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97055, 97067-68, 97070, 97089, 97222, 97267, and 97268)
- Kaiser Permanente Value (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97049, 97055, 97067-68, 97070, 97222, 97267, and 97268)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

In most cases, you must live in the plan's service area to join the plan.

Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

## Columbia

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

## Hood River

- Kaiser Permanente Classic (ZIP Code 97014)
- Kaiser Permanente Value (ZIP Code 97014)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

## Lane

- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Linn

- Kaiser Permanente Classic (ZIP Codes 97321–22, 97335, 97355, 97358, 97360, 97374, and 97389)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 97321–22, 97335, 97355, 97358, 97360, 97374, and 97389)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 97321–22, 97335, 97355, 97358, 97360, 97374, and 97389)
- Kaiser Permanente Value (ZIP Codes 97321–22, 97335, 97355, 97358, 97360, 97374, and 97389)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Marion

- Kaiser Permanente Classic (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97325, 97342, 97346, 97352, 97362, 97373, 97375, 97381, 97383-85, and 97392)
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage) (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97317, 97325, 97352, 97362, 97375, 97381, 97383-85, and 97392)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage) (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97317, 97325, 97352, 97362, 97375, 97381, 97383-85, and 97392)
- Kaiser Permanente Value (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97325, 97342, 97346, 97352, 97362, 97373, 97375, 97381, 97383-85, and 97392)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Multnomah

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Polk

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Umatilla

- Group Health Classic (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Group Health Value (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

## Washington

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Secure Horizons Classic (Medicare Advantage)
- Secure Horizons Value (Medicare Advantage)
- Uniform Medical Plan

## Yamhill

- Kaiser Permanente Classic
- Kaiser Permanente Senior Advantage Classic (Medicare Advantage)
- Kaiser Permanente Senior Advantage Value (Medicare Advantage)
- Kaiser Permanente Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J (with Rx; **current members only**)
- Medicare Supplement Plan J (without Rx)
- Uniform Medical Plan

In most cases, you must live in the plan's service area to join the plan.  
Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

## Idaho

### Kootenai

- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J  
(with Rx; **current members only**)
- Medicare Supplement Plan J  
(without Rx)
- Uniform Medical Plan

### Latah

- Group Health Classic
- Group Health Value
- Medicare Supplement Plan E
- Medicare Supplement Plan J  
(with Rx; **current members only**)
- Medicare Supplement Plan J  
(without Rx)
- Uniform Medical Plan

In most cases, you must live in the plan's service area to join the plan.  
Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

## How the Medical Plans Work

There are several types of plans available to PEBB retirees, but not all types of plans are available in every county. See “Plans Available by County” beginning on page 7 to find the plans available in your area.

All PEBB plans coordinate benefit payments with other group plans, Medicaid, Medicare, and Workers’ Compensation. This is called coordination of benefits (COB).

**Exception: PEBB plans that cover prescription drugs (all PEBB plans except Medicare Supplement Plan E and Plan J) will not coordinate prescription-drug coverage with Medicare Part D.**

PEBB plans will not coordinate benefits with any individual health plan you purchased for yourself or your dependents.

### **You may select**

- Medical coverage.
- Medical and dental coverage.

Your covered family members must be enrolled in the same plan(s) and same type(s) of coverage you choose (medical or medical and dental), except where noted.

## **Options for Medicare and Non-Medicare Retirees**

### **Classic Managed-Care Plans**

In this type of plan, you usually must see providers in your plan’s network. Most services you receive are provided through, or referred by, a primary care provider (PCP) of your choice within the plan’s network. Some plans allow self-referral for some types of specialty care. Nonemergency services outside of the service area, or services not provided or authorized by your PCP, are not covered.

Most services require a \$10 copayment at the time of service, and there is no annual deductible. The annual out-of-pocket maximum is \$750 per person, \$1,500 per family.

Emergency care is covered worldwide.

### **Value Managed-Care Plans**

Like the classic managed-care plans, you must see providers in your plan’s network or receive most services (or a referral) from your PCP within the plan’s network.

Value plans require you to pay an annual deductible, and have a higher copay for office visits compared to classic plans. Value

plans have an annual \$1,500 per person or \$3,000 per family out-of-pocket maximum.

Urgent or emergency care is also covered if you receive services outside of Washington.

Emergency care is covered worldwide.

### **Preferred Provider Organization (PPO)**

The Uniform Medical Plan (UMP) is a freedom-of-choice plan that allows you to self-refer to any approved provider type in most cases, but provides a higher level of coverage if the provider contracts with UMP’s extensive provider network.

Most services are subject to an annual deductible, and there is an annual \$1,500 per person or \$3,000 per family out-of-pocket maximum.

UMP provides worldwide coverage for routine and emergency care.

### **If you are enrolled in Medicare Part A and Part B:**

Benefits are coordinated with Medicare up to 100 percent of the allowed charges.

For those services not covered by Medicare, UMP will pay normal UMP benefits, and may pay additional amounts if there are any COB savings accrued. See the plan’s certificate of coverage for details.

## Additional Options for Medicare Retirees Only

Medicare retirees may also choose from these four plans. If you choose a Medicare Advantage plan, you must choose between a classic and value plan.

### Medicare Advantage classic plans

This type of plan is available through Group Health Cooperative, Kaiser Permanente (Senior Advantage), and PacifiCare (Secure Horizons). If these medical plans offer both a classic managed-care plan and a Medicare Advantage classic plan in the same county and you are enrolled in Medicare Part A and Part B, they will **require** you to enroll in the Medicare Advantage classic plan. (**Note:** Secure Horizons does not offer a classic managed-care plan for non-Medicare enrollees.)

These plans contract with Medicare to provide all Medicare-covered benefits; however, most also cover the deductibles, coinsurance, and additional benefits not covered by Medicare.

Neither the plan nor Medicare will pay for services received outside of the plan's network except for authorized referrals and emergency care.

### Medicare Advantage value plans

Group Health Cooperative, Kaiser Permanente (Senior Advantage), and PacifiCare (Secure Horizons) also offer Medicare Advantage value plans. Like the Medicare Advantage classic plans, if these medical plans offer both a value managed-care plan and a Medicare Advantage value plan in the same county and you are enrolled in Part A and Part B of Medicare, they will **require** you to enroll in the Medicare Advantage value plan. (**Note:** Secure Horizons does not offer a value managed-care plan for non-Medicare enrollees.)

These plans contract with Medicare to provide all Medicare-covered benefits; however, most also cover the deductibles, coinsurance, and additional benefits not covered by Medicare.

If you, your spouse, or qualified same-sex domestic partner have end-stage renal disease or receive routine kidney dialysis, you are not eligible to enroll in a Medicare Advantage classic or value plan.

Neither the plan nor Medicare will pay for services received outside of the plan's network except for authorized referrals and emergency care.

### Medicare Supplement Plan E and Plan J

Medicare Supplement Plans E and J allow the use of any Medicare-recognized physician or hospital nationwide. They are designed to supplement your Medicare coverage by reducing your out-of-pocket expenses and providing additional benefits. They each pay some Medicare deductibles and coinsurances, but primarily supplement only those services covered by Medicare.

Benefits such as vision, hearing exams, and routine physical exams may have limited coverage or may not be covered at all. See the "Outline of Medicare Supplement Coverage" for more information on covered benefits.

If you select a Medicare supplement plan and cover eligible family members who are not entitled to Medicare, they will be enrolled in UMP. Your dependent children are not eligible for the Medicare supplement plans (even if they are enrolled in Medicare), and will be enrolled in UMP.

## **Coordination of Benefits**

If you or your dependents have other medical coverage or another insurance program is responsible for part of your medical costs, your PEBB plan will work with other group plans, Medicaid, Medicare, and Workers' Compensation to share the cost of your benefit payments. This "coordination of benefits" (COB) typically occurs when you and your spouse or qualified same-sex domestic partner are covered by different group plans and/or Medicare, and your dependent(s) are covered under both plans. The COB provisions depend on whether you are enrolled in Medicare and which plan you join.





## 2007 Medical Benefits Cost Comparison

The following table briefly compares the costs of network benefits for the Uniform Medical Plan (UMP) and in-network benefits for PEBB classic and value managed-care plans. Benefit costs and plan payments are per calendar year, unless otherwise noted. **Call the plans directly for more information on specific benefits or exclusions.**

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Lifetime maximum</b>	\$2 million	\$2 million	\$2 million
<b>Benefits for:</b>			
<b>Annual deductible</b>	None	Enrollee pays \$100 per person/\$300 per family Annual deductible does not apply to preventive care visits.	Medical services: Enrollee pays \$200 per person/\$600 per family (three or more people) Annual deductible does not apply to preventive care visits Brand-name prescription drug deductible: Applies to Tier 2 and Tier 3 drugs only; enrollee pays \$100 per person/\$300 per family (three or more people)
<b>Annual out-of-pocket maximum</b>	Enrollee pays \$750 per person/\$1,500 per family for network benefits  Expenses as defined in the certificate of coverage <b>do not count</b> toward the out-of-pocket maximum	Enrollee pays \$1,500 per person/\$3,000 per family for network benefits  Expenses as defined in the certificate of coverage <b>do not count</b> toward the out-of-pocket maximum	Enrollee pays \$1,500 per person/\$3,000 per family (prescription drugs, non-network provider services, deductibles, and other expenses as defined in the certificate of coverage <b>do not count</b> toward the out-of-pocket maximum)

(continued on next page)

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

## 2007 Medical Benefits Cost Comparison

(continued from previous page)

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Office, clinic, and hospital visits</b>	\$10 copay per office/clinic visit; hospital visits covered in full	<i>Group Health:</i> \$15 copay per office/clinic visit; <i>Kaiser Permanente:</i> \$20 copay per office/clinic visit	Enrollee pays 10% of allowed charges
<b>Ambulance</b>	<b>Air:</b> \$100 copay per trip <b>Exception:</b> <i>Kaiser Permanente</i> , \$75 copay per trip  <b>Ground:</b> \$75 copay per trip	<b>Air:</b> \$100 copay per trip <b>Exception:</b> <i>Kaiser Permanente</i> , 10% coinsurance  <b>Ground:</b> \$75 copay per trip <b>Exception:</b> <i>Kaiser Permanente</i> , 10% coinsurance	<b>Air:</b> Enrollee pays 20% of allowed charges, plus the difference between allowed and billed charges  <b>Ground:</b> Enrollee pays 20% of allowed charges, plus the difference between allowed and billed charges
<b>Chemical dependency services</b>	<b>Inpatient:</b> Enrollee pays inpatient hospital copay; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment  <b>Outpatient:</b> \$10 copay; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment for all plans	<b>Inpatient:</b> Enrollee pays inpatient hospital copay for <i>Group Health</i> and coinsurance for <i>Kaiser Permanente</i> ; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment  <b>Outpatient:</b> <i>Group Health:</i> \$15 copay; <i>Kaiser Permanente:</i> \$20 copay; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment for all plans	<b>Inpatient:</b> Enrollee pays inpatient hospital copay; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment  <b>Outpatient:</b> Enrollee pays 10% of allowed charges; maximum plan payment of \$13,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment

Call the plans directly for more information on specific benefits or exclusions.

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Diabetic education</b>	\$10 copay per visit	<i>Group Health:</i> \$15 copay per visit; <i>Kaiser Permanente:</i> \$20 copay per visit	Enrollee pays 10% of allowed charges
<b>Diagnostic testing</b>	Covered in full	<i>Group Health:</i> Covered in full; <i>Kaiser Permanente:</i> 10% coinsurance	Enrollee pays 10% of allowed charges
<b>Durable medical equipment, supplies, and prosthesis</b>	Enrollee pays 20% coinsurance	Enrollee pays 20% coinsurance	Enrollee pays 10% of allowed charges; preauthorization required for equipment rentals beyond three months and rentals or purchases of more than \$1,000
<b>Emergency room services</b>	\$75 copay per visit; emergency room copay waived if admitted directly to hospital	<i>Group Health:</i> \$75 copay per visit; <i>Kaiser Permanente:</i> \$100 copay Emergency room copay waived for both plans if admitted directly to hospital	\$75 copay per visit, then enrollee pays 10% of allowed charges; copay waived if admitted directly to hospital
<b>Hearing (examination and hardware)</b>	<b>Examination:</b> \$10 copay  <b>Hardware:</b> \$300 maximum plan payment every 36 consecutive months for hearing aid and rental/repair when authorized	<b>Examination:</b> <i>Group Health:</i> \$15 copay; <i>Kaiser Permanente:</i> \$20 copay  <b>Hardware:</b> \$300 maximum plan payment every 36 consecutive months for hearing aid and rental/repair when authorized	Enrollee pays 10% of allowed charges; maximum plan payment of \$400 every three calendar years for exams, hearing aid, and rental/repair combined

(continued on next page)

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

## 2007 Medical Benefits Cost Comparison

(continued from previous page)

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Home health care</b>	Covered in full	<i>Group Health:</i> Covered in full; <i>Kaiser Permanente:</i> 10% coinsurance	Enrollee pays 10% of allowed charges
<b>Hospice care (including respite care)</b>	Covered in full for terminally ill enrollees up to six months	Covered in full for terminally ill enrollees up to six months	If preapproved by plan, covered in full; \$5,000 lifetime maximum plan payment for respite care
<b>Hospital services</b>	<b>Inpatient services:</b> \$200 copay per day to \$600 maximum copay per person per calendar year  <b>Outpatient:</b> \$100 copay for facility fees per surgery or procedure; surgeon, anesthesiologist, etc., covered in full	<b>Inpatient services:</b> <i>Group Health:</i> \$200 copay per day to \$600 maximum copay per person per calendar year; <i>Kaiser Permanente:</i> 10% coinsurance  <b>Outpatient:</b> <i>Group Health:</i> \$150 copay for facility fees per surgery or procedure; surgeon, anesthesiologist, etc., covered in full; <i>Kaiser Permanente:</i> 10% coinsurance	<b>Inpatient services:</b> \$200 copay per day to \$600 maximum copay per person per calendar year plus 10% of allowed charges for professional services  <b>Outpatient:</b> Enrollee pays 10% of allowed charges
<b>Massage therapy</b>	Included in physical, occupational, and speech therapy benefit	Included in physical, occupational, and speech therapy benefit	Enrollee pays 10% of allowed charges, up to 16 visits per calendar year

Call the plans directly for more information on specific benefits or exclusions.

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Mental health care</b>	<p><b>Inpatient services:</b> \$200 copay per day to \$600 maximum copay per person per calendar year</p> <p>Plan payment limit up to 10 days per year (For more information, contact the plans.)</p> <p><b>Outpatient:</b> \$10 copay per office/clinic visit, up to 20 visits per year</p>	<p><b>Inpatient:</b> Enrollee pays inpatient hospital copay for <i>Group Health</i> and coinsurance for <i>Kaiser Permanente</i>; plan payment limit up to 10 days per year (For more information, contact the plans.)</p> <p><b>Outpatient:</b> <i>Group Health</i>, \$15 copay; <i>Kaiser Permanente</i>, \$20 copay per office/clinic visit, up to 20 visits per year</p>	<p><b>Inpatient:</b> Enrollee pays inpatient hospital copay; plan payment limit up to 10 days per year</p> <p><b>Outpatient:</b> Enrollee pays 10% of allowed charges per office/clinic visit, up to 20 visits per year</p>
<b>Neurodevelopmental therapies</b>	<p><b>Inpatient age 6 and under:</b> Enrollee pays inpatient hospital copay to 60 days per year</p> <p><b>Outpatient age 6 and under:</b> \$10 copay to 60 visits per year for all therapies combined</p>	<p><b>Inpatient age 6 and under:</b> Enrollee pays inpatient hospital copay to 60 days per year</p> <p><b>Outpatient age 6 and under:</b> <i>Group Health</i>, \$15 copay; <i>Kaiser Permanente</i>, \$20 copay to 60 visits per year for all therapies combined</p>	<p><b>Inpatient age 6 and under:</b> Enrollee pays inpatient hospital copay to 60 days per year</p> <p><b>Outpatient age 6 and under:</b> Enrollee pays 10% of allowed charges to 60 visits per year for all therapies combined</p>
<b>Obstetric and well-newborn care</b>	<p><b>Inpatient:</b> Enrollee pays inpatient hospital copay for mother only</p> <p><b>Professional services:</b> Covered in full</p>	<p><b>Inpatient:</b> Enrollee pays inpatient hospital copay for mother only</p> <p><b>Professional services:</b> Covered in full</p>	<p><b>Inpatient:</b> Enrollee pays inpatient hospital copay for mother only</p> <p><b>Professional services:</b> Enrollee pays 10% of allowed charges</p>

(continued on next page)

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

## 2007 Medical Benefits Cost Comparison

(continued from previous page)

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Organ transplants</b>	<p><b>Facility:</b> Enrollee pays inpatient hospital copay; preauthorization required</p> <p><b>Professional services:</b> Covered in full; preauthorization required Bone marrow donor searches covered in full, up to 15 searches per person per transplant</p>	<p><b>Facility:</b> Enrollee pays inpatient hospital copay; preauthorization required</p> <p><b>Professional services:</b> Covered in full; preauthorization required Bone marrow donor searches covered in full, up to 15 searches per person per transplant</p>	<p><b>Facility:</b> Enrollee pays inpatient hospital copay; preauthorization required</p> <p><b>Professional services:</b> Enrollee pays 10% of allowed charges; preauthorization required Enrollee pays 10% of allowed charges for bone marrow, stem cell, and umbilical cord donor searches, up to 15 searches per person per transplant</p>
<b>Physical, occupational, and speech therapy</b>	<p><b>Inpatient:</b> Includes massage therapy Enrollee pays inpatient hospital copay to 60 days per year</p> <p><b>Outpatient:</b> \$10 copay to 60 visits per year for all therapies combined</p>	<p><b>Inpatient:</b> Includes massage therapy Enrollee pays inpatient hospital copay to 60 days per year</p> <p><b>Outpatient:</b> <i>Group Health</i>, \$15 copay; <i>Kaiser Permanente</i>, \$20 copay to 60 visits per year for all therapies combined</p>	<p>Does not include massage therapy (See massage therapy benefit.)</p> <p><b>Inpatient:</b> Enrollee pays inpatient hospital copay to 60 days per calendar year; preauthorization required</p> <p><b>Outpatient:</b> Enrollee pays 10% of allowed charges, up to 60 visits per calendar year for all therapies combined</p>

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

Call the plans directly for more information on specific benefits or exclusions.

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Prescription drugs, insulin, and disposable diabetic supplies</b>	<p><i>Community Health Plan Classic and Regence Classic</i>  <b>Retail</b> (up to a one-month supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name, \$25 copay; non-formulary, \$40 copay  <b>Mail order</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name, \$50 copay; non-formulary, \$80 copay</p> <p><i>Group Health Classic</i>  <b>Retail</b> (up to a one-month supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name drugs, \$30 copay  <b>Mail order</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name drugs, \$40 copay</p> <p><i>Kaiser Permanente Classic</i>  <b>Retail:</b> (up to a one-month supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name drugs, \$25 copay  <b>Mail order:</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name drugs, \$50 copay</p>	<p><i>Group Health Value</i>  <b>Retail</b> (up to a one-month supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name drugs, \$30 copay  <b>Mail order</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name drugs, \$60 copay</p> <p><i>Kaiser Permanente Value</i>  <b>Retail:</b> (up to a one-month supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name drugs, \$30 copay  <b>Mail order:</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name drugs, \$60 copay</p>	<p>Up to a 90-day supply (Tier 2 and Tier 3 drugs subject to brand-name prescription drug deductible)</p> <p><b>Retail:</b> Tier 1 (generic, all insulin, all disposable diabetic supplies, and preferred specialty drugs), 10% enrollee coinsurance; Tier 2 (preferred brand), 30% enrollee coinsurance; Tier 3* (nonpreferred brand, nonpreferred specialty drugs, and compounded prescriptions), 50% enrollee coinsurance</p> <p><i>Note: Tier 1 and 2 drugs purchased through a network retail pharmacy have a maximum enrollee cost share of \$75 (up to a 30-day supply), \$150 (31- to 60-day supply), and \$225 (61- to 90-day supply)</i></p> <p><b>Mail order:</b> Tier 1, \$10 copay; Tier 2, \$50 copay; Tier 3*, \$100 copay</p> <p><i>*Multi-source Tier 3 drugs are subject to an ancillary charge—the enrollee pays the difference between the Tier 3 drug and the generic equivalent, in addition to the usual copay or coinsurance</i></p> <p><i>(continued on next page)</i></p>

## 2007 Medical Benefits Cost Comparison

(continued from previous page)

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Preventive care</b>	Covered in full, subject to plan schedule  <b>Exception: <i>Regence Classic</i>,</b> covered in full as recommended by PCP	Covered in full, subject to plan schedule	Covered in full, subject to plan schedule (not subject to UMP medical deductible)  Only services listed in the certificate of coverage are covered as preventive care
<b>Radiation and chemotherapy services</b>	Covered in full	Covered in full	Enrollee pays 10% of allowed charges
<b>Skilled nursing facility care</b>	Enrollee pays inpatient hospital copay; covered up to 150 days per year, except if it substitutes for hospitalization	Enrollee pays inpatient hospital copay or coinsurance; covered up to 150 days per year, except if it substitutes for hospitalization	Enrollee pays inpatient hospital copay; covered up to 150 days per calendar year, except if it substitutes for hospitalization  <b>Medicare retirees:</b> The first 100 days covered by Medicare count toward your 150-day limit under UMP.
<b>Spinal manipulations</b>	Enrollee pays 50% coinsurance; maximum plan payment of \$250 per year  <b>Exception: <i>Regence Classic</i></b> pays 100% with \$10 copay per visit <b>when enrollee is referred by primary care provider</b>	Enrollee pays 50% coinsurance; maximum plan payment of \$250 per year	Enrollee pays 10% of allowed charges to 10 visits per year



Call the plans directly for more information on specific benefits or exclusions.

<b>Benefits for:</b>	<b>CLASSIC MANAGED-CARE PLANS:</b> <i>Community Health Plan Classic</i> <i>Group Health Classic</i> <i>Kaiser Permanente Classic</i> <i>Regence Classic</i>	<b>VALUE MANAGED-CARE PLANS:</b> <i>Group Health Value</i> <i>Kaiser Permanente Value</i>	<b>PREFERRED PROVIDER ORGANIZATION:</b> <i>Uniform Medical Plan</i>
<b>Temporo-mandibular joint (TMJ) disorder</b>	Enrollee pays 50% coinsurance for inpatient and outpatient treatment, maximum plan payment of \$1,000 per year; orthognathic surgery not covered	Enrollee pays 50% coinsurance for inpatient and outpatient treatment, maximum plan payment of \$1,000 per year; orthognathic surgery not covered	Surgical treatment covered same as any other condition; enrollee pays 10% of allowed charges when preauthorized; orthognathic surgery not covered.  <i>Non-surgical treatment for TMJ is not covered.</i>
<b>Vision</b>	<b>Examination:</b> \$10 copay; one annual eye exam  <b>Hardware:</b> \$150 maximum plan payment once every two calendar years for frames, lenses, contacts, and fitting fees combined	<b>Examination:</b> <i>Group Health</i> , \$15 copay; <i>Kaiser Permanente</i> , \$20 copay; one annual eye exam  <b>Hardware:</b> \$150 maximum plan payment every two calendar years for frames, lenses, contacts, and fitting fees combined	<b>Examination:</b> Enrollee pays 10% of allowed charges; one annual eye exam (not subject to UMP medical/surgical deductible)  <b>Hardware:</b> \$150 maximum plan payment every two calendar years for frames, lenses, contacts, and fitting fees combined (not subject to UMP medical/surgical deductible)
<b>Well-baby care</b>	Covered in full; subject to plan schedule	Covered in full; subject to plan schedule	Covered in full, subject to plan schedule (not subject to UMP medical deductible). Only services listed are covered as preventive.

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

## How the Dental Plans Work

### More information on Delta Dental/ Washington Dental Service plans

Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers several dental plans, including the Uniform Dental Plan (UDP) and DeltaCare. If you choose UDP or DeltaCare, be sure that you choose a WDS-contracting dentist who participates with your plan. Each plan maintains its own provider network.

To enroll in dental coverage, you **must enroll** in PEBB medical coverage. If you enroll in a dental plan, you must continue dental coverage for **at least two years**. All covered family members will also be enrolled in the dental plan you select. You have three dental plans to choose from:

### Preferred Provider Organization (PPO)

- The **Uniform Dental Plan (UDP)**, administered by Washington Dental Service (WDS), allows you the freedom to choose any dentist, but provides a higher reimbursement if your dentist contracts with WDS. The UDP *offers services in every county of Washington State*. Outside of Washington, services are reimbursed at a higher level than for services provided by non-PPO dentists in Washington. Verify your dentist's participation by **calling the plan directly**.

### Managed-Care Plans

- **DeltaCare**, administered by WDS, requires selection of one of its network dentists when you enroll. **You must verify your dentist contracts with DeltaCare as WDS administers several types of dental plans, each with its own provider network.** This is important, as you could be responsible for costs if you

receive care from a provider who is not in the DeltaCare network. *Providers are located in Arlington\*, Auburn, Bellevue, Bellingham, Bonney Lake, Bremerton, Burien, Des Moines\*, Edmonds, Everett\*, Gig Harbor, Kennewick, Kent, Kirkland\*, Lakewood\*, Lynnwood, Mill Creek, Mukilteo\*, Newcastle, Olympia, Puyallup, Renton, Seattle, Shelton\*, Shoreline, Spokane, Tacoma, Tukwila, Tumwater\*, Vancouver, Wenatchee, Yakima, and Portland and Hillsboro (Oregon).*

*\*Not accepting new patients.*

- **Regence BlueShield Columbia Dental Plan**, with services provided by Willamette Dental Group (WDG), requires that you receive care from WDG dentists. Their *clinics are located in Bellevue, Bellingham, Everett, Federal Way, Kennewick, Kent, Lakewood, Longview, Lynnwood, Olympia, Pullman, Puyallup, Renton, Richland, Seattle, Silverdale, Spokane (Northpointe and South Hill), Tacoma, Tumwater, Vancouver (East Vancouver, Hazel Dell, and Mill Plain), Wenatchee, and Yakima.*

Note: Since dentist and clinic participation with the dental plans can change, **please contact the dental plans to verify dentists and clinic locations.**

## Is a Managed-Care Dental Plan Right for You?

The table on the next page briefly compares the features of the UDP and the managed-care dental plans. Before enrolling in a managed-care dental plan, it is important to answer the following questions:

- Is the dentist I have chosen accepting new patients? (Remember to identify yourself as a PEBB member.)
- Am I willing to travel for services if I select a dentist in another service area?
- Do I understand that all dental care is managed through my primary care dentist or network provider, and I cannot self-refer for specialty care?

If the answer to these questions is yes, you may want to consider enrolling in a managed-care dental plan.

For full coverage provisions, including a description of limitations and exclusions, refer to a PEBB certificate of coverage (available through the dental plans).

**Please note:** Benefits for emergency care received out of the plan's service area; missed appointment charges; and the number of exams, x-rays, cleanings, and other procedures allowed in a certain time period vary by plan. Contact the plans directly for details. (Dental plan phone numbers are listed at the front of this booklet.)

If you are receiving continuous dental treatment (such as orthodontia) and are considering changing plans, contact the plans directly to find out how they cover your continuous dental treatment if you enroll in their plan.

## Dental Benefits Comparison

For more details on benefits and exclusions, contact the plans.

	Preferred provider organization: • Uniform Dental Plan	Managed-care dental plans: • DeltaCare • Regence BlueShield Columbia Dental Plan
<b>Annual deductible</b>	Enrollee pays \$50 per person/ \$150 per family, except for diagnostic and preventive	No deductible
<b>Annual maximum</b>	\$1,500 plan reimbursement per person; except as otherwise specified for orthodontia, nonsurgical TMJ, and orthognathic surgery	No general plan maximum
<b>Dentures</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Enrollee pays \$140 copay, complete upper; \$40 copay, complete reline (chairside)
<b>Endodontics (root canals)</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Enrollee pays \$50 copay, anterior; \$100 copay, molar
<b>Nonsurgical TMJ</b>	70%; \$500 lifetime maximum (dental plan payment)	70%; \$500 lifetime maximum (dental plan payment)
<b>Oral surgery</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Extraction of erupted teeth: <i>DeltaCare</i> , enrollee pays \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay
<b>Orthodontia</b>	50%; \$1,500 lifetime maximum (dental plan payment)	Maximum enrollee copay per case: <i>DeltaCare</i> , \$1,500; <i>Regence BlueShield Columbia Dental Plan</i> , \$1,200
<b>Orthognathic surgery</b>	70%; \$5,000 lifetime maximum (dental plan payment)	70%; \$5,000 lifetime maximum (dental plan payment)
<b>Periodontic services</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Enrollee pays \$75 copay, gingivectomy or gingivoplasty per quadrant; \$100 copay, osseous surgery per quadrant
<b>Preventive/ diagnostic</b>	100%, PPO; 90%, out of state; 80%, non-PPO (dental plan payment)	100% (dental plan payment)
<b>Restorative crowns</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Porcelain to metal crown: <i>DeltaCare</i> , enrollee pays \$175 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay Full cast metal crown: <i>DeltaCare</i> , \$150 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay
<b>Restorative fillings</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Amalgam restorations (fillings), two surfaces: <i>DeltaCare</i> , enrollee pays \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay

# Life and Long-Term Care Insurance

## Life Insurance

Employees who have PEBB life insurance have two options:

- Convert optional life insurance to an individual whole life policy. To do this, you will need to complete the *PEBB Life Insurance Conversion* form within 60 days after your employer coverage ends.
- Enroll in retiree term life insurance. You will need to complete the “Life Insurance Enrollment Information” section of the *PEBB-Sponsored Retiree Coverage Election Form* within 60 days of the date your employer coverage ends.

The premium cost is \$2.19 per month, regardless of your age.

## Retiree Term Life Insurance Benefit

Age At Time of Death	Amount of Insurance in Force at Time of Death
Under 65	\$3,000
65 through 69	2,100
70 and over	1,800

## Long-Term Care Insurance

The PEBB offers a long-term care plan underwritten by John Hancock. For more information about enrolling in a long-term care plan, call 1-800-399-7271.



## Appendix

You may find the Public Employees Benefits Board's existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-04, 182-08, 182-12, 182-13, and 182-16 of the Washington Administrative Code (WAC).  
These are available on the Office of the Code Reviser's Web site at [slc.leg.wa.gov](http://slc.leg.wa.gov).

# PEBB Retiree Monthly Rates

Effective January 1, 2007

## Special Requirements

1. To qualify for the Medicare rate, you must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan, Kaiser Permanente Senior Advantage, or Secure Horizons must complete and sign the *Medicare Advantage Plan Election Form* to enroll in one of these plans. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans									
Subscribers not eligible for Medicare (or enrolled in Part A only):	Community Health Plan Classic	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Regence Classic	Secure Horizons Classic	Secure Horizons Value	Uniform Medical Plan
<b>Subscriber Only</b>	\$ 471.32	\$ 427.37	\$ 383.15	\$ 439.92	\$ 401.10	\$ 508.80	N/A	N/A	\$ 393.78
<b>Subscriber &amp; Spouse</b>	935.41	847.51	759.07	872.61	794.97	1,010.37	N/A	N/A	780.33
<b>Subscriber &amp; Child(ren)</b>	819.39	742.48	665.09	764.44	696.50	884.98	N/A	N/A	683.69
<b>Full Family</b>	1,283.48	1,162.62	1,041.01	1,197.13	1,090.37	1,386.55	N/A	N/A	1,070.24
Subscribers enrolled in Part A & Part B of Medicare:									
<b>Subscriber Only</b>	281.72	179.45	152.15	157.00	121.16	360.29	175.51	128.41	186.33
<b>Subscriber &amp; Spouse (1 eligible)</b>	745.81	599.59	528.07	589.69	515.03	861.86	N/A	N/A	572.88
<b>Subscriber &amp; Spouse (2 eligible)</b>	556.21	351.67	297.07	306.77	235.09	713.35	343.79	249.59	365.43
<b>Subscriber &amp; Child(ren) (1 eligible)</b>	629.79	494.56	434.09	481.52	416.56	736.47	N/A	N/A	476.24
<b>Subscriber &amp; Child(ren) (2 eligible)</b>	556.21	351.67	297.07	306.77	235.09	713.35	343.79	249.59	365.43
<b>Full Family (1 eligible)</b>	1,093.88	914.70	810.01	914.21	810.43	1,238.04	N/A	N/A	862.79
<b>Full Family (2 eligible)</b>	904.28	666.78	579.01	631.29	530.49	1,089.53	N/A	N/A	655.34
<b>Full Family (3 eligible)</b>	830.70	523.89	441.99	456.54	349.02	1,066.41	512.07	370.77	544.53

Medicare rates shown above have been reduced by the state-funded contribution up to \$149.67 per retiree per month.



<b>Medicare Supplement Plans</b>						
	<b>Premera Blue Cross</b>					
	<b>Plan E Retired</b>	<b>Plan E Disabled</b>	<b>Plan J Retired with Rx**</b>	<b>Plan J Disabled with Rx**</b>	<b>Plan J Retired without Rx</b>	<b>Plan J Disabled without Rx</b>
<b>Subscriber Only</b>	\$ 68.29	\$111.03	\$143.84	\$322.03	\$ 88.93	\$146.11
<b>Subscriber &amp; Spouse (1 eligible)*</b>	454.84	497.58	530.39	708.58	475.48	532.66
<b>Subscriber &amp; Spouse (2 eligible - 1 retired, 1 disabled)</b>	172.09	172.09	458.64	458.64	227.81	227.81
<b>Subscriber &amp; Spouse (2 eligible)</b>	129.35	214.83	280.45	636.83	170.63	284.99
<b>Subscriber &amp; Child(ren) (1 eligible)*</b>	358.20	400.94	433.75	611.94	378.84	436.02
<b>Full Family (1 eligible)*</b>	744.75	787.49	820.30	998.49	765.39	822.57
<b>Full Family (2 eligible - 1 retired, 1 disabled)*</b>	462.00	462.00	748.55	748.55	517.72	517.72
<b>Full Family (2 eligible)*</b>	419.26	504.74	570.36	926.74	460.54	574.90

Medicare rates shown above have been reduced by the state-funded contribution up to \$149.67 per retiree per month.

\* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP). The rates shown reflect the total rate due, including both the Medicare supplement and the UMP premiums.

\*\* Plan J with Rx is no longer available to new subscribers.

<b>Dental Plans with Medical Plan</b>	<b>DeltaCare, administered by Washington Dental Service</b>	<b>Regence BlueShield Columbia Dental Plan</b>	<b>Uniform Dental Plan</b>
<b>Subscriber Only</b>	\$ 33.36	\$ 45.63	\$ 38.59
<b>Subscriber &amp; Spouse</b>	66.72	91.26	77.18
<b>Subscriber &amp; Child(ren)</b>	66.72	91.26	77.18
<b>Full Family</b>	100.08	136.89	115.77

**Retiree Life Insurance Self-Pay Rate - \$2.19 per month**



## Outline of Medicare Supplement Coverage – Cover Page 1 of 2 Benefit Plans E and J



### See Outlines of Coverage sections for details about ALL plans

These charts show the benefits included in each of the standardized Medicare Supplement plans. Every company must make available Plan A. Some plans may not be available in your state. The HCA is offering Plans E and J.

#### BASIC BENEFITS for Plans A - J

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	★E★	F	F*	G	H	I	★J★	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery	At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care <b>Not</b> Covered By Medicare						Preventive Care <b>Not</b> Covered By Medicare	

\*Plans F and J also have an option called a high deductible F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year \$1,790 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$1,790. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the contract. These expenses include the Medicare deductibles for Part A and B but do not include the plan's separate foreign travel emergency deductible.

Premera Blue Cross does not offer the high deductible plan F or J.

008231 (06-2006)

An Independent Licensee of the Blue Cross Blue Shield Association

## Outline of Medicare Supplement Coverage – Cover Page 2 Benefit Plans E and J



BASIC BENEFITS for Plans K and L include similar services as plans A – J, but cost-sharing for the basic benefits is at different levels.			
★J★	K**	L**	
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End	
	50% Hospice cost-sharing	75% Hospice cost-sharing	
	50% of Medicare-eligible expenses for the first three pints of blood.	75% of Medicare-eligible expenses for the first three pints of blood.	
	50% Part B Coinsurance, except 100% Coinsurance for Part B Preventative services	75% Part B Coinsurance, except 100% Coinsurance for Part B Preventative Services	
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	
Part A Deductible	50% Part A Deductible	75% Part A Deductible	
Part B Deductible			
Part B Excess (100%)			
Foreign Travel Emergency			
At-Home Recovery			
Preventive Care <b>Not</b> Covered By Medicare			
	\$4,000 Out-of-pocket Annual Limit***	\$2,000 Out-of-pocket Annual Limit***	

\*\*Plans K and L provide for different cost-sharing for items and services than A – J. Once you reach the annual limit, the plans pay 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does **not** include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

\*\*\*The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

**SUBSCRIPTION CHARGES AND PAYMENT MODES:**  
Rates Effective January 1, 2007

**Eligibility by Age**

**Eligibility by Disability**

**PLAN E**

\$122.12	PBC Total Monthly Rate
\$68.29	PEBB Retiree Subsidized Rate: (Subscriber)
\$129.35	PEBB Retiree Subsidized Rate: (Subscriber & Spouse)
\$122.12	State Resident Rate: (Subscriber)
\$244.24	State Resident Rate: (Subscriber & Spouse)

\$207.61	PBC Total Monthly Rate
\$111.03	PEBB Retiree Subsidized Rate: (Subscriber)
\$214.83	PEBB Retiree Subsidized Rate: (Subscriber & Spouse)
\$207.61	State Resident Rate: (Subscriber)
\$415.22	State Resident Rate: (Subscriber & Spouse)

**PLAN J**

\$163.40	PBC Total Monthly Rate
\$88.93	PEBB Retiree Subsidized Rate: (Subscriber)
\$170.63	PEBB Retiree Subsidized Rate: (Subscriber & Spouse)
\$163.40	State Resident Rate: (Subscriber)
\$326.80	State Resident Rate: (Subscriber & Spouse)

\$277.77	PBC Total Monthly Rate
\$146.11	PEBB Retiree Subsidized Rate: (Subscriber)
\$284.99	PEBB Retiree Subsidized Rate: (Subscriber & Spouse)
\$277.77	State Resident Rate: (Subscriber)
\$555.54	State Resident Rate: (Subscriber & Spouse)

### **SUBSCRIPTION CHARGES INFORMATION**

We, Premiera Blue Cross (PBC), can only raise your subscription charges if we raise the subscription charge for all contracts like yours in this state.

### **DISCLOSURES**

Use this outline to compare benefits and subscription charges among contracts.

### **READ YOUR CONTRACT VERY CAREFULLY**

This is only an outline describing your contract's most important features. You must read the contract itself to understand all of the rights and duties of both you and your Medicare supplement carrier.

### **RIGHT TO RETURN CONTRACT**

If you find that you are not satisfied with your coverage, you may return it to 7001 - 220th St. S.W., Mountlake Terrace, Washington 98043-2124. If you send the contract back to us within thirty (30) days after you receive it, we will treat the contract as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new contract and are sure you want to keep it.

### **NOTICE**

This contract may not fully cover all of your medical costs.

Premiera Blue Cross is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**PLAN E**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used: --- Additional 365 days --- Beyond the additional 365 days	All but \$952  All but \$238 a day  All but \$476 a day  \$0 \$0	\$952 (Part A deductible)  \$238 a day \$476 a day  100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$119 a day \$0	\$0 Up to \$119 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the carrier stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the contract's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN E (continued)**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$124 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Medical Expenses - In Or Out Of The Hospital And Outpatient Hospital Treatment,</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$124 of Medicare approved amounts* Remainder of Medicare approved amounts <b>Part B excess charges</b> (Above Medicare approved amounts)	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$124 (Part B deductible) \$0 All costs
<b>Blood</b> First 3 pints Next \$124 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$124 (Part B deductible) \$0
<b>Clinical Laboratory Services - Tests For Diagnostic Services</b>	100%	\$0	\$0

**PARTS A & B**

<b>Home Health Care-Medicare Approved Services</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$124 of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$124 (Part B deductible) \$0
--	--------------------	-------------------	---



**PLAN E (continued)**  
**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Foreign Travel - Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>***Preventive Medical Care Benefit - Not covered by Medicare</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

**PLAN J**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --- While using 60 lifetime reserve days --- Once lifetime reserve days are used: --- Additional 365 days --- Beyond the additional 365 days	All but \$952 All but \$238 a day All but \$476 a day \$0 \$0	\$952 (Part A deductible) \$238 a day \$476 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$119 a day \$0	\$0 Up to \$119 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

\*\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the carrier stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the contract's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN J (continued)**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Medical Expenses - In Or Out Of The Hospital and Outpatient Hospital Treatment,</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$124 of Medicare approved amounts* Remainder of Medicare approved amounts <b>Part B excess charges</b> (Above Medicare approved amounts)	\$0 Generally 80% \$0	\$124 (Part B deductible) Generally 20% 100%	\$0 \$0 \$0
<b>Blood</b> First 3 pints Next \$124 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$124 (Part B deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services - Tests for Diagnostic Services</b>	100%	\$0	\$0

**PLAN J (continued)  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Home Health Care-Medicare Approved Services</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$124 of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0  80%	\$0  \$124 (Part B deductible)  20%	\$0  \$0  \$0
<b>At-home Recovery Services - Not covered by Medicare</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan  Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare approved visit)  Calendar year maximum	\$0  \$0  \$0	Actual charges to \$40 a visit Up to the number of Medicare approved visits not to exceed 7 each week  \$1,600	Balance

**PLAN J (continued)**  
**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Foreign Travel - Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>***Preventive Medical Care Benefit - Not covered by Medicare</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

# Medicare Advantage Plan Benefits Comparison

The chart below is a brief summary of the benefits available through the six Public Employees Benefits Board Medicare Advantage plans. **For a complete description of benefit limitations, maximums, and exclusions, contact the plans.**

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Annual deductible</b>	None	None	None	None	None	None
<b>Annual out-of-pocket limit</b>	\$600/person/year	\$1,000/person/year	\$750/person/year	\$1,000/person/year	\$750/person/year	None
<b>Office and clinic visits</b>	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay for primary care visit; \$30 copay for specialist visit
<b>Ambulance services</b>						
Air ambulance	100% subject to \$50 copay	100% subject to \$75 copay	100% subject to \$75 copay	100% subject to \$75 copay	100% subject to \$50 copay	100% subject to \$50 copay
Ground ambulance	100% subject to \$50 copay	100% subject to \$75 copay	100% subject to \$75 copay	100% subject to \$75 copay	100% subject to \$50 copay	100% subject to \$50 copay
<b>Ambulatory surgical center</b>	100% subject to \$50 copay	100% subject to \$50 copay	100% subject to \$100 copay	100% subject to \$100 copay	100%	100% after \$100 copay
<b>Chemical dependency services</b>						
Inpatient	100%	100%	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay	100% subject to \$150 copay per day; maximum \$600 per person per year	100% subject to \$200 copay per day; maximum \$1,000 per person per year
Outpatient	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$30 copay per visit

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Diabetic education</b>	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit
<b>Diagnostic testing, laboratory, mammograms, and x-ray</b>	100%	100%	100%	100%	100%	100%
<b>Durable medical equipment, supplies, and prostheses</b>	100%	100%	80%	80%	100%	100%
<b>Emergency room</b> (copay waived if admitted directly from emergency room)	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit
<b>Hearing</b>						
Routine exams	100% subject to \$10 copay per exam	100% subject to \$15 copay per exam	100% subject to \$10 copay per exam	100% subject to \$15 copay per exam	100% subject to \$10 copay per exam	100% subject to \$30 copay per exam
Hearing aids	Maximum of \$300 every 36 months	Not covered	Maximum of \$300 every 36 months	Maximum of \$300 every 36 months	Maximum of \$300 every 36 months	Not covered
<b>Home health and hospice care</b>	100%	100%	100%	100%	100%	100%

*(continued on next page)*

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

# Medicare Advantage Plan Benefits Comparison

(continued from previous page)

Service Description	Kaiser Permanente Senior Advantage Classic	Kaiser Permanente Senior Advantage Value	Group Health Medicare Advantage Classic	Group Health Medicare Advantage Value	Secure Horizons Classic	Secure Horizons Value
<b>Hospital services</b>						
Inpatient facility services	100%	\$200 copay per admission	\$100/day for first 3 days; maximum \$600 per person per year	\$100/day for first 3 days; maximum \$600 per person per year	100% subject to \$150 copay per day; maximum \$600 per person per year	\$200 copay per day, maximum \$1,000 per person per year
Inpatient professional services	100%	100%	100%	100%	100%	100%
Outpatient surgery facility services	100% subject to \$50 copay	100% subject to \$50 copay	100% subject to \$100 copay	100% subject to \$100 copay	100%	100% after \$100 copay
Outpatient surgery professional services	100%	100%	100%	100%	100%	100%
<b>Mental health care</b>						
Inpatient (up to 190 days lifetime)	100% up to 90 days per Medicare benefit period and 190 days in lifetime	100% up to 90 days per Medicare benefit period and 190 days in lifetime	100% after \$100/day for first 3 days; maximum \$600/person/year up to 190 days lifetime maximum	100% after \$100/day for first 3 days; maximum \$600/person/year up to 190 days lifetime maximum	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay
Outpatient	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$30 copay per visit



<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Neurodevelopmental therapy for children ages 6 and younger</b> Inpatient – 60 days per year	100%	100%	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay
Outpatient – 60 visits per year for all therapies combined	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit (visit limits do not apply)	100% subject to \$15 copay per visit (visit limits do not apply)	100% subject to \$10 copay per visit	100% subject to \$30 copay per visit
<b>Organ transplants</b> Inpatient facility services	100%	100%	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay
Inpatient professional services	100%	100%	100%	100%	100%	100%
<b>Phenylketonuria (PKU) supplements</b>	100% when provided for the disorder	100% when provided for the disorder	100%	100%	100% when provided for the disorder	100% when provided for the disorder

(continued on next page)

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

## Medicare Advantage Plan Benefits Comparison

(continued from previous page)

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Physical, occupational, speech, and massage therapies</b>						
Inpatient	100%	100%	100%	100%	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay
Outpatient	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$30 copay per visit

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Prescription drugs (mail order) – up to a 90-day supply</b>  Formulary generic drugs, all insulin, and all disposable diabetic supplies	100% subject to \$20 copay per prescription or refill  Medicare-approved diabetic supplies: 100%	100% subject to 40% coinsurance to \$300 maximum per prescription or refill  Medicare-approved diabetic supplies: same as any other prescription drug	100% subject to \$20 copay per prescription or refill  Medicare-approved diabetic supplies: \$20 copay	100% subject to \$20 copay per prescription or refill  Medicare-approved diabetic supplies: \$20 copay	100% subject to \$20 copay per prescription or refill  Medicare-approved diabetic supplies: 100%	100% subject to \$30 copay per prescription or refill  Medicare-approved diabetic supplies: 100%
Formulary brand-name	100% subject to \$50 copay per prescription or refill	100% subject to 40% coinsurance to \$300 maximum per prescription or refill	100% subject to \$40 copay per prescription or refill	100% subject to \$60 copay per prescription or refill	100% subject to \$50 copay per prescription or refill	100% subject to \$70 copay per prescription or refill
Non-formulary	N/A	NA	N/A	N/A	100% subject to \$80 copay per prescription or refill	100% subject to \$100 copay per prescription or refill

(continued on next page)

# Medicare Advantage Plan Benefits Comparison

(continued from previous page)

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Preventive care</b>	100%	100% subject to \$15 copay per visit	100%	100%	100%	100%
<b>Radiation and chemotherapy services</b>	100%	100%	100%	100%	100%	100%
<b>Skilled nursing facility care; 150 days per benefit period</b>	100%	100% 100 days per benefit period	100%	100%	100% subject to inpatient hospital copay	100% subject to inpatient hospital copay
<b>Spinal manipulations</b> With primary care provider (PCP) referral	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit	100% subject to \$10 copay per visit	100% subject to \$15 copay per visit
Self-referred	50% to \$250 per year	Not covered	100% subject to \$10 copay per visit when Medicare guidelines are met	100% subject to \$15 copay per visit when Medicare guidelines are met	50% to \$250 per year	Not covered
<b>Temporomandibular joint (TMJ) disorder</b>	100% when Medicare guidelines are met	100% when Medicare guidelines are met	100% when Medicare guidelines are met	100% when Medicare guidelines are met	Covered as any other medical condition	Covered as any other medical condition

The health plan comparisons in this document are based on information believed to be accurate and current, but be sure to confirm information with the plans before making decisions.

<b>Service Description</b>	<b>Kaiser Permanente Senior Advantage Classic</b>	<b>Kaiser Permanente Senior Advantage Value</b>	<b>Group Health Medicare Advantage Classic</b>	<b>Group Health Medicare Advantage Value</b>	<b>Secure Horizons Classic</b>	<b>Secure Horizons Value</b>
<b>Vision care</b>  Routine annual eye exams	100% subject to \$10 copay per exam; no visit limit for routine eye exams	100% subject to \$15 copay per exam; no visit limit for routine eye exams	100% subject to \$10 copay per exam	100% subject to \$15 copay per exam	100% subject to \$10 copay per exam	100% subject to \$25 copay per exam
Hardware every two calendar years: either lenses and frames, or contact lenses	100% to \$150 maximum  Hardware after cataract surgery (either lenses and frames, or contact lenses): 100%  Amount over standard charges not covered	100% to \$150 maximum  Hardware after cataract surgery (either lenses and frames, or contact lenses): 100%  Amount over standard charges not covered	One pair of standard lenses at allowable charges  Frames to \$150 maximum	One pair of standard lenses at allowable charges  Frames to \$150 maximum	Lenses: 100% every 12 months  Frames: 100% to \$150 maximum  Contact lenses (in lieu of lenses and frames): 100% to \$150 maximum every 12 months	\$20 copay for glasses (lenses and frames) up to \$150 maximum benefit once every 24 months

### **Important Information About Medicare Supplement Coverage (Plan E and Plan J)**

Cost-sharing amounts shown in this Medicare supplement coverage outline are expected to change when there are changes in the applicable Medicare deductible amount and copayments.

An updated “Outline of Medicare Supplement Coverage” will be sent to persons enrolling in Medicare Supplement Plan E or Plan J.





**Washington State  
Health Care Authority**  
*Public Employees Benefits Board*

PO Box 42684

Olympia, WA 98504-2684

HCA 52-480 (11/06)